

Every Woman Matters Provider Service Agreement

The Every Woman Matters screening guidelines are designed to meet the greatest public health need, and are set by the program's funder, the Centers for Disease Control and Prevention. Every Woman Matters reimburses for procedures within these guidelines for enrolled clients.

Routine screening services are not available to clients enrolling for diagnostic services unless they are at least 40 to 64 years of age at the time of enrollment.

Breast Cancer Screening Guidelines

Breast Self-Exam

During each screening visit, all EWM clients should be assessed through direct observation for proficiency and, if needed, receive instruction in the proper techniques for performing monthly breast self-exam.

Clinical Breast Exam

All EWM clients should receive a clinical breast exam during each screening visit.

Clinical Breast Exams for Short-term Follow Up

Any EWM client, 40 through 64, may receive a short-term follow up clinical breast exam after a positive or suspicious finding to assess the stability of a breast mass found on routine screening. (Clients under 40, who were not enrolled prior to July 1, 1997, are not eligible to receive a short-term follow up exam).

Screening Mammography

- ◆ 50 years and above - annual screening mammograms
- ◆ 40-49 years - a screening mammogram every one to two years
- ◆ Under 40 years - no screening mammogram

Providers are reminded that screening mammography is not reimbursable for clients under 40 years of age or over the age of 64.

Mammography for Short-term Follow Up

EWM clients 40 to 64 years and above may receive short-term follow up screening mammography after a mammographic finding of probably benign, short-interval follow up indicated (PBF).

Breast Cancer Diagnostic Guidelines

Diagnostic Mammography

EWM clients 30-39 years must meet the following criteria:

- ◆ Provider needs to have performed a Clinical Breast Exam
- ◆ Palpable breast mass that is clinically suspicious for malignancy

EWM clients 40 to 64 must meet the following criteria:

- ◆ Mammographic findings of:
 - ◆ Suspicious or suggestive of malignancy
 - ◆ Assessment Incomplete
 - ◆ Unilateral breast signs and symptoms that are clinically suspicious for malignancy

Guidelines for diagnostic mammography are strictly adhered to for reimbursement. Providers are reminded that neither screening nor diagnostic mammography are reimbursed for clients under 30 years of age.

It should be emphasized that a normal mammogram at any age does not eliminate the need for further evaluation of a palpable mass. Clinical breast exams documented by an EWM provider as suspicious for malignancy must have further work-up regardless of mammography results.¹

Breast Ultrasonography

Breast ultrasonography is not an appropriate tool for routine breast cancer screening, nor is it a reliable tool for the diagnosis of cancer.¹ Therefore, EWM reimburses for breast ultrasound for clients 40 to 64 years after a clinical breast exam or mammogram has been performed and the results indicate a need for further diagnostic intervention.

Breast ultrasound is reimbursed for clients 40 to 64 years and above when a palpable mass has been detected through clinical breast exam and the breast ultrasound is used to:

- ◆ differentiate solid from cystic masses
- ◆ further evaluate palpable abnormalities; for example, a diffuse, poorly defined thickening or parenchymal irregularity

It is recommended that all palpable, discrete, solitary, noncystic masses should be excised or biopsied. Regardless of the age of the woman, a clinically suspicious lesion should be completely evaluated and appropriately referred. Fibroadenomas often can be diagnosed by ultrasonography characteristics.¹

Breast ultrasound is reimbursed for clients 40 to 64 years when it completes the evaluation of the following mammographic results:

- ◆ suspicious abnormality
- ◆ highly suggestive of malignancy
- ◆ assessment incomplete

Clients 18 through 64:

Fine Needle or Cyst Aspiration of the Breast

Fine needle or cyst aspiration is a useful extension of the clinical evaluation of a palpable breast mass. The decision to perform fine needle or cyst aspiration of the breast alone or ultrasound-guided should be made in consultation with the client's clinician, surgeon and/or radiologist.

Fine needle aspiration can accomplish cyst aspiration, in which the intent is both diagnostic and therapeutic by eliminating a fluid-filled cyst. Fine needle aspiration also can be diagnostic for solid masses by aspirating tissue for cytologic evaluation. The false-positive rate is negligible, but the false-negative rate may be as high as 15-20%.¹

Breast Biopsy

Breast biopsy may be done on an outpatient basis to reach a definitive diagnosis for palpable and non-palpable masses found during client's breast exam or radiological exams.

¹ Evaluation of Common Breast Problems: A Primer for Primary Care Providers; prepared by the Society of Surgical Oncology and the Commission on Cancer of the American College of Surgeons for the Centers for Disease Control and Prevention, US Department of Health and Human Services, 1998.

Cervical Cancer Screening Guidelines

Pap Test and Pelvic Exam

EWM clients 18 through 64 years of age with intact cervixes or having had hysterectomy due to cervical cancer are eligible for pelvic exam in conjunction with a Pap test annually until program documents three normal Pap tests. After three consecutive normal Pap tests, screening for cervical cancer will commence every 36 months. Pelvic exam is only reimbursable when done in conjunction with a Pap test and/or clinical breast exam. In order for EWM to reimburse for an increase in Pap smear frequency, the client must meet one of the following criteria within the last 10 years:

- ♦ Cigarette Smoking
- ♦ Intrauterine DES Exposure
- ♦ Compromised Immune System, such as positive HIV status, organ transplant, or chronic immunosuppressant therapy
- ♦ Multiple sexual partners/change in partner (for client or her partner)
- ♦ STDs (including HPV)
- ♦ Procedure for cervical dysplasia or cancer

Not reimbursable for women under 40 entering for diagnostic services only.

Pap Test for Short-term Follow Up

EWM clients may receive follow up Pap tests after an abnormal screening Pap test, colposcopy or cervical treatment in order to follow progression or persistence of cervical dysplasia.²

Not reimbursable for women under 40 entering for diagnostic services only.

Colposcopy and Colposcopy-directed Biopsy

EWM clients may receive a colposcopy or colposcopy-directed biopsy to follow up for suspicious cervical lesion(s) noted on a clinical exam or finding of atypical squamous cells of undetermined significance (ASC-US), atypical glandular cells of undetermined significance (AGC), low-grade SIL (CIN), high-grade SIL (ASC-H) or squamous cell cancer on Pap test.² Follow up for abnormal Pap tests should follow the ASCCP Pathology Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities.²

Women under 40 should be enrolled to receive colposcopy-directed biopsy to receive a definitive diagnosis.

¹ Evaluation of Common Breast Problems: A Primer for Primary Care Providers; prepared by the Society of Surgical Oncology and the Commission on Cancer of the American College of Surgeons for the Centers for Disease Control and Prevention, US Department of Health and Human Services, 1998.

² American Society for Colposcopy and Cervical Pathology (ASCCP) Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities, 2001

Cardiovascular Screening Guidelines

Screening information to be collected and analyzed annually by the clinician for clients 40-64 include:

- ◆ Blood pressure (two readings are required during visit)
- ◆ Lipid panel (specifically recording total cholesterol, HDL-cholesterol, LDL-cholesterol, and triglycerides) in fasting state
- ◆ Blood glucose alone or as part of the basic metabolic panel in fasting state
- ◆ Height and Weight measurements with shoes off
- ◆ Health Risk Appraisal
- ◆ A1c instead of blood glucose if client previously diagnosed with diabetes

Note: It is expected that if client has elevated blood pressure at the time of screening that a basic metabolic panel is done as opposed to glucose alone.

All clients must receive an initial baseline screening. At the initial screening visit for cardiovascular and diabetes, the clinician should:

- ◆ Measure the client's blood pressure (twice), blood cholesterol (including total-cholesterol, LDL-cholesterol, HDL-cholesterol, and triglycerides), blood glucose, height and weight (with shoes off).
- ◆ Review the client's answers on the Health Risk Appraisal section of the Screening Card. Client must complete this on Screening Card prior to or at time of visit.
- ◆ Record the screening results on the Screening Card (if lab results are not available immediately, they should be recorded when available and a letter sent to the client notifying her of the results).
- ◆ Mark the Health Education box if you do NOT want your clients to receive health education information. If you do not mark no, all EWM clients will receive education information.
- ◆ Counsel the client on her screening results, including the clinician's interpretation of these results, in combination with the self-reported Health Risk Appraisal information. The client should understand her level of risk for cardiovascular disease.
- ◆ Notify the client that she will be contacted by intervention management staff via phone call or visit to determine the most appropriate lifestyle intervention(s) for her and will receive assistance and support in participation in the intervention(s).

The Screening Card and, if applicable, Cardiovascular Disease/Diabetes Follow Up and Treatment Plan, must be submitted to EWM for data collection and in order to receive payment.

Cardiovascular Screening for Short-Term Follow Up

Clients with elevated or high screening results at the initial screening visit may receive one (1) follow up office visit charge and one(1) lab visit charge paid by EWM, at the clinician's discretion for elevated levels and according to the program protocols. Client should be referred to the primary care clinician or other facility on the approved Referral List to assist with medical needs.

- ◆ High values include: blood pressure 140 systolic or 90 diastolic, total cholesterol of ≥ 240 mg/dl, blood glucose ≥ 126 mg/dl
- ◆ Alert values include: blood pressure 180 systolic or 110 diastolic, total cholesterol of ≥ 400 mg/dl, blood glucose level ≥ 375 mg/dl